

## STATE EMPLOYEES' LEAVE BANK DONATION FORM

<b>COMPLETE THIS FORM IF YOU WISH TO DONATE LEAVE TO THE STATE EMPLOYEES' LEAVE BANK</b>
--

NAME: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

AGENCY: \_\_\_\_\_ AGENCY CODE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

\_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am donating the amount  
of leave indicated below to establish membership in the State Employees' Leave Bank:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CERTIFICATION BY APPOINTING AUTHORITY/TIMEKEEPER

☐ ANNUAL                      NUMBER OF HOURS: \_\_\_\_\_

☐ PERSONAL                    NUMBER OF HOURS: \_\_\_\_\_

☐ SICK\*                         NUMBER OF HOURS: \_\_\_\_\_

☐ I have reviewed this employee's leave balances and on the basis of my review,  
affirm that this employee has sufficient annual/personal leave to make the donation  
indicated.

☐ \* I have reviewed this employee's sick leave balance and on the basis of my  
review, affirm that this employee has sufficient sick leave so that if the proposed donation  
were subtracted from the employee's current sick leave balance, the employee would still  
have a sick leave balance of at least 240 hours.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_